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**DECLARATION AND POWER OF ATTORNEY - USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled EFFECT OF BDNF GENOTYPE ON HIPPOCAMPAL FUNCTION AND VERBAL MEMORY AND RISK FOR SCHIZOPHRENIA; the specification of which was filed on **February 27, 2004** as Application Serial No. **10/789,169**;

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional application(s) listed below.

Application No.: 60/316,736

Filing Date: August 31, 2001

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S.A. Application(s)

Serial No.: **PCT/US02/28086**

Filing Date: **August 30, 2002**

Status: **Pending**

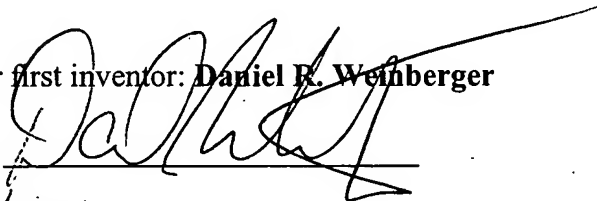
**POWER OF ATTORNEY:** I hereby appoint the registrants of National Institutes of Health Offices of Technology Transfer, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852, telephone (301) 496-7056 and Knobbe, Martens, Olson & Bear, LLP, 2040 Main Street, 14<sup>th</sup> Floor, Irvine, CA 92614, telephone (949) 760-0404, **Customer No. 45,311**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these

statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of sole or first inventor: **Daniel R. Weinberger**

Inventor's signature 

Date 8/03/04

Residence: **3116 Davenport Street, NW, Washington, D.C. 20008**

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Full name of Second inventor: **Michael F. Egan**

Inventor's signature Michael F. Egan

Date 8/12/04

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Full name of Third inventor: Bhaskar S. Kolachana

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Date August 30<sup>th</sup> 2004

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Full name of Fourth inventor: **David Goldman**

Inventor's signature



Date


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Residence: **12950 Glen Mill Road, Potomac, MD 20854**

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Full name of Fifth inventor: **Joseph H. Callicott**

Inventor's signature 

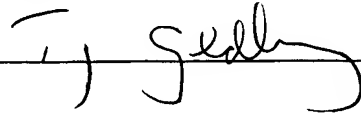
Date 8/5/2024

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Full name of Sixth inventor: **Terry E. Goldberg**

Inventor's signature 

Date 8/2/04

Residence: **5107 River Hill Road, Bethesda, MD 20816**

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